

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF NORWOOD WYATT		COURT CASE NUMBER Civil Action No. 05-655-KAJ	
DEFENDANT FIRST CORRECTIONAL MEDICAL and DR. SITTA GOMBEH ALI		TYPE OF PROCESS COMPLAINT	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN DR. SITTA GOMBEH ALI (Previously employed at Delaware Correctional Center)		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) UNKNOWN, SEE SPECIAL INSTRUCTIONS BELOW		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	1
NORWOOD WYATT 167137, S-1 Delaware Correctional Center 1181 Paddock Road Smyrna, Delaware 19977		Number of parties to be served in this case	2
		Check for service on U.S.A.	2006 JUN 11 AM 9:38 CLERK U.S. DISTRICT COURT DISTRICT OF DELAWARE

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
FoldDr. Sitta Gombah Ali may be served through her attorney
STEVEN F. MONES, P.A. at:824 Market Street, 4th Floor
Wilmington, DE 19899

Signature of Attorney or other Originator requesting service on behalf of: NORWOOD WYATT <i>Norwood Wyatt</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER N/A	DATE 05/12/06
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <i>Br</i>	Date 5-18-06
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 5/31/06 Time pm Signature of U.S. Marshal or Deputy <i>Br</i>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

*Let. Unexecuted - Returned by Postal Service
Insufficient address for S. Mones.*